

THE STORY

The Minnesota Security Hospital (MSH) is the only secure facility in the state designed to provide assessment and treatment of individuals with severe mental health disorders who are also considered dangerous. In 2011, MSH was placed under a conditional license due to overuse of restraint and seclusion.

However, the shift from a punitive to a treatment based approach was hindered by a lack of professional staff (psychiatrists, psychologists, etc.), an existing staff that lacked a human services background and had worked for many years in the security-focused environment that characterized the facility in the 2000s, and lack of successful training in “patient centered” approaches to addressing violent behavior. As a result the number of serious patient and staff injuries rose. The result was serious issues with patient care, staff safety and retention, and antagonistic labor-management relations. In 2015 Governor Mark Dayton convened the stakeholders including labor unions, patient families, mental health advocates, MSH administration, and the Minnesota Department of Human Services leadership and asked OCDR to conduct a collaborative problem solving process to address these issues.



PROJECT DETAILS

YEARS: 2015-2016

CONVENER: Minnesota Governor
Mark Dayton

THE OCDR PROBLEM SOLVING PROCESS

OCDR began the process with an issue assessment including interviews with approximately 10 groups of stakeholders and extensive document review. Based on the assessment OCDR recommended:

1. A representative group of stakeholders participate in a collaborative problem solving process to develop consensus recommendations on the issues identified in the assessment.
2. Meaningful participation of labor and management in development of a variance for facility license (an alternative to the license which was suspended at that time).
3. Establish a labor-management committee with each union and an all-union committee.

Stakeholders accepted all OCDR recommendations.

- ✓ More than 100 individuals participated in the collaborative problem solving process including five workgroups, each made up of diverse stakeholders, dedicated to making recommendations on each of the following topics: staffing, application of person centeredness and staff safety, communications, and organizational wellness. OCDR provided facilitation for all groups.
- ✓ OCDR facilitated multiple, large, stakeholder meetings to develop the variance.
- ✓ The Bureau of Mediation Services assisted MSH in setting up an all-union labor management committee.

THE RESULTS

MSH is an inherently difficult place to live and work. Especially strong relationships and communication are needed to ensure quality patient care and staff safety. The collaborative problem solving process established the trust and relationships needed at MSH. Participants developed an understanding that staff safety and quality patient care are inherently linked – when patients have high quality treatment, they are less likely to become violent and require restraint and isolation or harm other patients or staff.

This shared understanding enabled unions and management to agree on the types of staffing increases needed and therefore make a joint case to the legislature. In 2017, the legislature appropriated \$23 million to increase staffing at MSH by 146 employees. Additionally:

- * The conditional license expired and MSH is operating under its new licensing standards
- * The number of staff injuries was cut in half
- * Bonding dollars were appropriated to make improvements to the security hospital buildings including the creation of smaller units for individuals with development disabilities who are not well served in the regular units
- * Additional staffing enabled the creation of Behavior Teams, a recommendation from several of the work groups, which assist staff in caring for and working with the most challenging patients
- * An all-union labor management committee was established and continues to meet to proactively address labor-management concerns
- * The position of “Security Counselor” was renamed “Forensic Support Specialist” to reflect the therapeutic focus of the facility and the expertise required in the position

By having these structured conversations and recommendation building, the Security Hospital was able to focus on the common goals and needs of each party, identify shared interests, and deal productively with shared power for decision-making.

PARTICIPANT VOICES

“The OCDR process helped me realize that we can create paths forward through seemingly intractable problems, but doing so requires dedicated time and attention. So often we try to treat the symptom of organizational problems, without addressing the underlying issues or providing time and space to work through disagreements. Having been a part of the OCDR process, I now see that it’s worth investing the time to establish authentic relationships, communication, and clear decision making processes in order to get the outcome we want, which in the case of MSH is better services for patients and a safer workplace for staff.”

Lauren Gilchrist, Senior Policy Advisor, Office of Governor Mark Dayton & Lt. Governor Tina Smith

“I think that the process we went through demonstrated to me that everyone’s heart is in the right place, and it’s hard to see all perspectives without really listening and gaining understanding. The OCDR process forced us all to stop and gain that understanding. It’s easy to overlook the complications of each other’s job, to forget what it’s like to work 24/7 directly with patients. Listening fully isn’t a given, nor is it easy. You have to start with establishing trust that all coming to the table will do that.”

Carol Olson, Executive Director Minnesota Security Hospital

“The approach and delivery of care at the Minnesota Security Hospital can be extremely challenging even within very well rounded direct care teams. They will struggle and possibly conflict in and around the daily implementation of such patient care. The Collaborative Problem Solving Process I feel helped us collaborate and repair imperative communication which is utterly necessary to function within the Minnesota Security Hospital. Ensuring healthy communication I feel helped the direct care teams recognize limitations, build trust, and raise employee morale in turn creating a healthy work environment that will benefit all.”

Tim Headlee, Forensic Support Specialist and AFSCME Local 404 President